

Number of cases of common skin diseases seen in the outdoor clinic of the Calcutta School of Tropical Medicine.

		1926.		
Tinea	..	707	Erythrodermia	12 } 2 1
Leprosy	..	328	Acne rosacea	9 }
<i>Pigmentary defects—</i>			Furunculosis	19
Leucoderma	..	245	Dermal Leishmaniasis	19
Chloasma	..	48	Lupus vulgaris	11 }
Streptococcal dermatitis	..	198	Tuberculidæ	7 } 18
Seborrhœic dermatitis	..	187	Lupus erythematosus	15
Scabies	..	164	Von Recklinghausen's disease	II
<i>Thyroid defects—</i>			Warts, papillomata	II
Scleroderma	..	44		
Lichen	..	42		
Ichthyosis	..	32		
Keratosis follicularis	..	11		
Morphœa	..	3		
Keloids	..	3	Total number of all cases	2,484
P. R. pilaris	..	1		
Syphilis	..	75		
Psoriasis	..	50		
Granulomas and chronic ulcers, undiagnosed	..	50		
Acne vulgaris	..	27		
Urticaria	..	24		
Alopecia areata	..	22		

A good deal of positive information has been obtained by this collective survey, but the chief impression that is conveyed is of the need for a more accurate disease survey of India.

SPUR-LIKE PROJECTIONS MET WITH IN BONE RADIOGRAPHY.

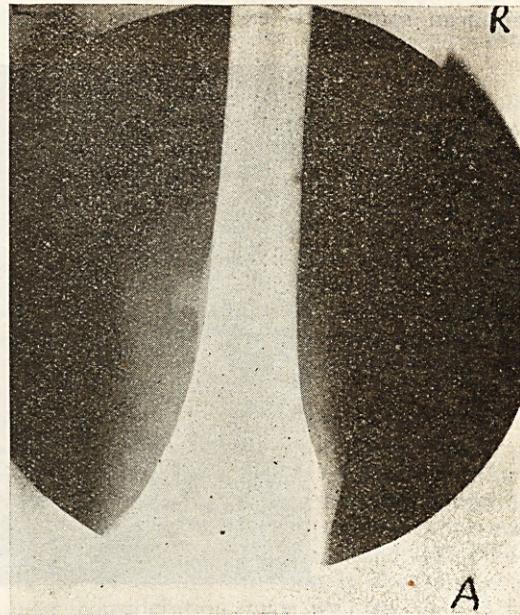
By J. H. BARRET, D.M.R.E.,
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Most medical men will have noticed that in practice, cases of a particular group come before them like geese from a *jheel* in batches of two, three, or four. This peculiarity is not confined to the fevers, which in itself is sufficient to make it remarkable. A house-surgeon in a general hospital will tell you that on Monday he admitted three "skull-fractures," on Tuesday, four "gastric ulcers," and on Wednesday perhaps "five lunatics."

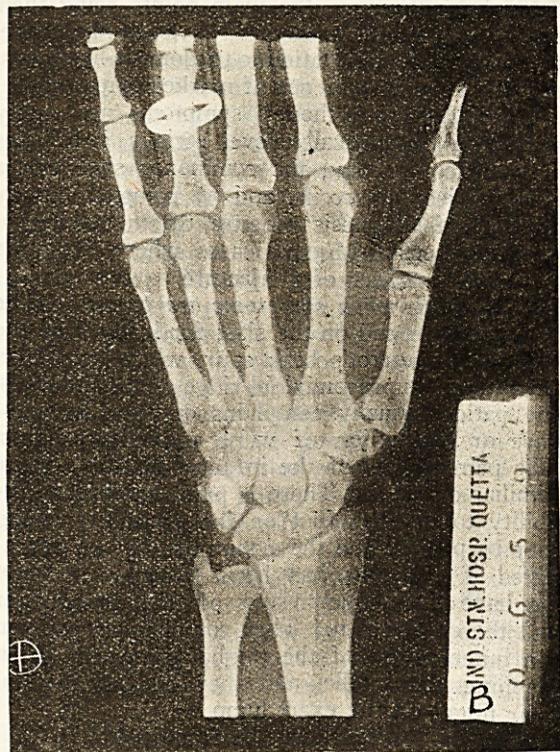
The radiologist has a similar experience. On a recent morning I examined four "sprained ankles." Each had a spur on the astragalus due to an injury which had occurred years before.

In the literature I have been unable to find little more than a brief reference to these bone spurs, and I hope this short article and chart will enable others to discover the commoner spurs, and to visualize the more readily the sites where they occur, and where to look for them in skiagrams.

Three photographs are submitted. They are sufficient to illustrate the importance of a careful x-ray examination in suspected cases.



Photograph "A."—This shows the "parrot's beak" spur on the left humerus of a medical man. Before radiographic examination he had for several years considered the symptoms to be due to fibrosis in the muscles.



Photograph "B."—This shows a "needle-spur" projecting from the trapezium of a young

lady. There was a history of a fall from her bicycle six weeks previous to x -ray examination. A foreign body in the hand was suspected.

Photograph "C."—This shows the common "calcanean spur." Its existence was suspected



a heel spur due to gonorrhœa, so that we recognize (a) congenital, (b) traumatic, and (c) infective. In the table below an attempt has been made to show the ordinary bone spurs that one is likely to come across in radiographic work.

previous to the taking of the skiagram. There was pain, tenderness and swelling in the plantar aspect of the heel. The patient could scarcely put his foot to the ground and he was quite incapable of carrying on his work.

Spur-like projections met with in bone radiography.—These spurs are easily distinguished from bone tumours, the main points being their site of origin, the spear-head or hook-like shape, the fairly constant relation to tendons or ligaments, and the frequent absence of marked symptoms.

Significance.—Although symptoms are rarely marked and practically never serious, it behoves us to keep in mind the commoner sites where such projections occur, and by using the x -ray method of diagnosis we are often enabled to clear up certain obscure cases where diagnosis was only a matter of conjecture.

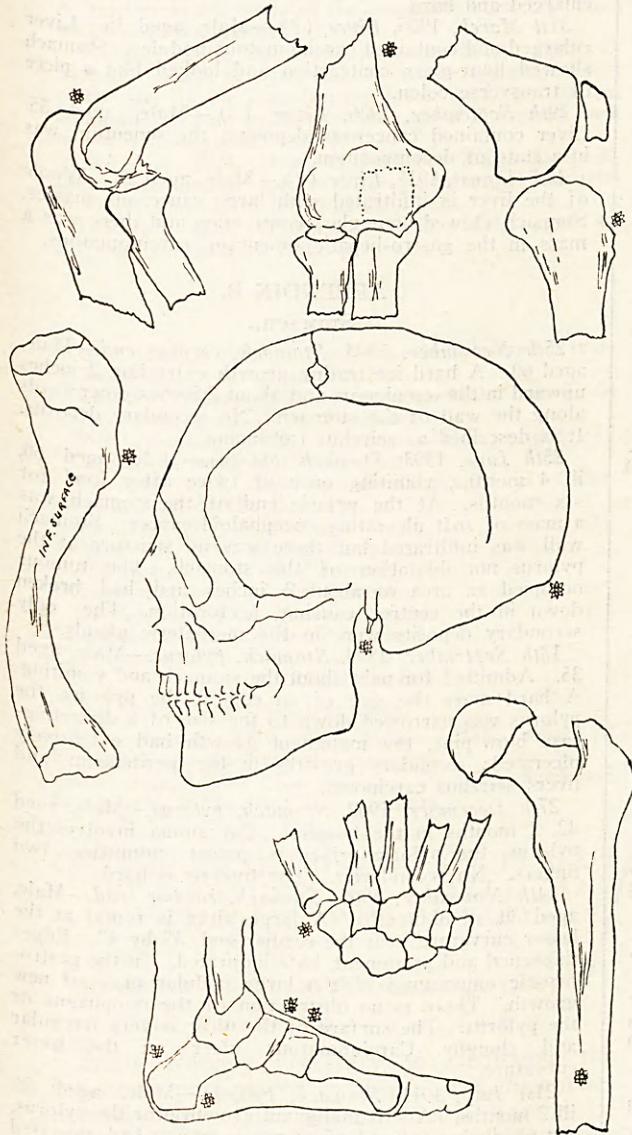
Symptoms, when symptoms are present.—The symptoms depend on the site; for instance in the well-known parrot's beak spur, which occurs on the internal supracondyloid ridge of the humerus, the patient usually complains of pain on pressure or on flexion of wrist and elbow joints. The painful heel of the infantry-man is a more familiar example. There is pain, tenderness, inability to put the foot on the ground, swelling may be present and the symptoms may be aggravated if the spur has been fractured. Again we have the adductor-spur of the bushranger and the cavalryman. They complain of pain on the inner aspect of the thigh, aggravated when gripping the saddle, and they can always put their finger on the exact lump.

Sequela.—A spur may be fractured.

Classification.—Bone spurs are either congenital or traumatic. Beatjer (Professor of Radiology, Johns Hopkins University) describes

Congenital bone spurs.			
Name.	Site	Symptoms.	REMARKS.
1. Occipital ..	Occipital protuberance	rare
2. Styloid ..	Styloid process of temporal bone (stylohyoid) ligament.	rare
3. Internal supracondyloid.	Internal supracondyloid ridge of humerus.	yes	Considered homologous to the supracondyloid foramen of birds.
Traumatic spurs			
1. Heel spur..	Plantar ligament.	yes
2. Scaphoid spur.	Upper aspect of tarsal scaphoid.	yes	Often accompanied by astragaloscaphoid arthritis.
3. Astragalus spur.	Astragalus ..	yes	Ditto
4. Olecranon spur.	Insertion of triceps.	yes
5. Patellar spur	Insertion of patellar ligament.	yes
6. Tendo-Achilles.	Attachment of tendo-Achillis to os calcis.	yes
7. Adductor spur (adductor longus.)	At its insertion in linea aspera.	yes	Have seen one case where a spur occurred at its origin from the body of the pubis.
Infective spurs			
Infective heel-spur.	Plantar bursa.	yes	Distinguished from the traumatic by hazy appearance and absence of structure similar to bone, not a true spur.

Other spurs sometimes met with occur in (a) the bodies of the vertebræ, (b) the trapezium, (c) the under surface of the clavicle (conoid lgt.), (d) body of the scapula, (e) base of the terminal phalanx of the great toe. Spurs may occur in association with fractures.



Treatment of bone spurs.—If the symptoms are sufficiently severe to warrant interference, surgical removal will be the usual treatment. An incision is made over the spur and the offending spike is chipped off with a bone forceps and the wound closed with a few stitches of silk-worm gut. If sepsis is anticipated, due to an inflammatory condition of the tissues round the spur, it is better to apply B. I. P. P. and to leave a few threads of silk-worm gut at one end of the wound to act as a drain. These will be removed after a few days and a simple dressing applied.

THE INCIDENCE OF PRIMARY CARCINOMA IN INDIA AS INFERRED FROM POST-MORTEM RECORDS OF FIFTY YEARS FROM 1877 TO 1926.*

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WHILE going over the records available in the pathological department of this College and while remounting the specimens in the pathological museum, I was interested in a large number of similar wet specimens and their descriptions. These roused my curiosity to collect and compare the notes available, both clinical and those obtained at autopsy. I believe that such a study may be to some extent instructive. I managed to collect such primary carcinoma cases as were available with their notes and microscopical findings.

The subject I have selected to-day is the consideration of carcinoma as it affects four organs wherein it is often a matter of doubt or difficulty to decide its nature, whether primary or secondary. My investigation relates to primary carcinoma of the liver, stomach, pancreas, and gall-bladder. The rarity of this affection in the four organs under consideration may well be judged from the fact that only 36 cases have been recorded in a collection of six thousand odd during the last fifty years.

Out of the 36 cases, in 14 the liver was described as the seat of primary malignant disease. On careful study of the notes and microscopical sections I find that in only two cases is this conclusion beyond doubt—*vide* Appendix A—and in all the others there is enough evidence to suspect a primary focus elsewhere. To illustrate such evidence, take the case wherein, in a female aged 55 or a male aged 72, the liver is described as being enormously large and the seat of multiple carcinomatous nodules without any reference to the condition of the genitals, uterus in the female, and prostate in the male. Such cases evidently cannot be taken as cases of primary carcinoma of the liver. The two cases beyond any doubt have exhaustive notes—one of which is a very recent one examined by myself—and present very definite characters, *viz.*, the organ itself has undergone little, if any, change in size; it is in a marked multilobular cirrhotic condition and the tumour is a very rapidly growing one; this is in support of the theory that carcinoma of the liver is an end result of multilobular cirrhosis. It is met with in comparatively young adults.

Of the 13 cases of carcinoma of the stomach, in 8 the pylorus was affected, in 2 the cardiac end, in 3 the body over a large area. The commonest type is the scirrhus, being found in 9 cases, the soft variety in 2, and a carcinomatous ulcer in 2. It is met with from ages between 30 to

* A paper read before the Bombay Branch of the British Medical Association, with demonstration of gross and microscopical preparations,